

Parents' beliefs and expectations when presenting with a febrile child at an out-of-hours general practice clinic

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SUMMARY

On the basis of structured interviews with 146 parents, this study describes why and when parents of acutely ill children seek the out-of-hours service, what actions they might have taken beforehand, and their expectations as to the outcome of the consultation. A total of 46% of the parents did not consider their child's condition to be serious, but 12% thought that their child was very ill. Parents sought medical advice because of what they perceived to be a lack of control of the condition (49%), fear of a serious disease (17%), and for symptom relief (34%). All except three parents expected there to be an examination of their child, and 79% expected an explanation or a diagnosis. Only 13% spontaneously mentioned that they expected a prescription. It is clinical and communicative skills that prevail in promoting successful consultations in this setting.

Keywords: out-of-hours care; patient expectations; parental attitudes; children.

Introduction

MANY children, particularly infants, get sick quite often, and when asked to keep health diaries mothers report the presence of one or more symptoms in half of diary-days.¹ The desire to actively do something to make the child improve is very strong, and therefore some of the children are brought to be seen by a doctor. In many instances this takes place outside office hours, and a large proportion of the patients seen in out-of-hours services are children with symptoms relating to a respiratory tract infection.²

It is the purpose of this study to describe why parents of febrile children use the general practice out-of-hours service, how parents handle children before they seek medical advice, and what their expectations are of a visit to the out-of-hours general practice service.

Method

The study was conducted in the central out-of-hours consultation room in the city of Aarhus, which has a population of approximately 250 000 inhabitants. Over the course of 17 weekdays, except Fridays, during September and October 1998, all parents presenting with a child aged up to 12 years were consecutively invited for an interview prior to the consultation with the general practitioner (GP). Parents were included on the basis of their self-stated reason for encounter being fever and/or any symptoms relating to the respiratory tract. All parents invited to the study agreed to participate, except one, who refused because she did not want to delay her consultation with the doctor.

The interviews were structured and carried out by the principal investigator. A total of 152 parents were initially interviewed, but six were later excluded because the interview revealed that fever or respiratory tract infection symptoms were not the main reason for the encounter. The remaining 146 interviews with parents comprise the material presented in this study.

Results

Table 1 describes the children and their symptoms as reported by the parents. Before seeking the help of a doctor, 76/146 (52%), of the parents had discussed the child's condition with others. Parents mentioned the most important sources for counselling to be family members (57%), friends (18%), day-care attendees (20%), and others (5%). A total of 32/146 (21%), of the parents had themselves initiated some form of medical treatment with over-the-counter drugs.

Parents were also asked about how serious they considered the child's illness to be. Most of the parents (46%) did not consider the condition to be serious, or else they

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Submitted: 7 January 2002; Editor's response: 8 April 2002; final acceptance: 4 July 2002.

©British Journal of General Practice, 2003, 53, 43-44.

HOW THIS FITS IN

What do we know?

Febrile children and their parents are frequent attenders at out-of-hours GP clinics. Parents' expectations are more general than specific, i.e. examination, explanation or diagnosis. Some expect prescriptions, specifically of antibiotics

What does this paper add?

We found a smaller proportion of parents expecting a prescription compared with previous reports. Clinical and communicative skills, rather than the prescription form, tend to prevail in promoting successful consultations



considered it less severe (14%). Almost one-third responded that they did not know, and 17 (12%) parents thought that their child was very ill.

When asked an open-ended question about their expectations of the consultation, all except three expressed that they expected an examination of the child (Table 2). Almost all parents (79%) mentioned that they expected an explanation or a diagnosis of the child's condition. A total of 19 (13%) spontaneously mentioned that they expected a prescription.

To the question 'Do you expect a prescription of an antibiotic?' a total of 104 (71%) answered 'no', 27 (19%) answered 'yes', and 15 (10%) did not know.

Discussion

Fever is the most prevalent symptom mentioned by the parents. Fever gives rise to concern because parents fear that fever in itself can damage the child, and because they consider that it may develop into meningitis and cramps. Coughing, which many parents also mentioned, is also not only considered to be bothersome, but also potentially harmful to the child.³

Parents interpret signs and symptoms, and this interpretation guides their actions. Their reactions depend on their confidence in having control over the situation and whether they consider the condition to be dangerous or not.³ This study shows that almost half the parents sought help for what can be interpreted as lack of control ('progression of symptoms') or a desire to take control over the condition by knowing what it was ('wish to get a diagnosis'). The parents' fear of the child having a serious condition was also found to be important in this study.

Parents' expectations were more general than specific, and comprised an expectation of having the child examined and receiving an explanation for what was wrong. This is in accordance with previous studies from general practice. A smaller proportion of the parents expected to receive a prescription in this study compared with other studies.^{4,5} In particular, only 27/146 (19%) expected an antibiotic to be prescribed, compared with figures of more than 50% from other studies.⁶ The difference may reflect variations between settings and countries, but also perhaps a change since the early 1990s towards a more restrictive attitude to use of antibiotics among doctors as well as patients.

Table 1. Characteristics of the children seen in the out-of-hours general practice clinic.

	n (%)
Age	
Less than 1 year	44 (30)
1 to 2 years	50 (34)
3 to 5 years	31 (21)
6 to 12 years	21 (15)
Symptoms	
Fever	118 (81)
Coughing	67 (46)
Ear pain	33 (23)
Sore throat	16 (11)
Difficulty in breathing	11 (8)
Other symptoms	37 (25)
Duration of symptoms	
Less than half a day	39 (27)
Half to 2 days	50 (34)
3 to 4 days	22 (15)
5 days or more	35 (24)

Table 2. Parents' expectations from the consultation.

	n (%)
Examination	143 (98)
Explanation or diagnosis	115 (79)
Advice, guidance	29 (20)
Prescription	19 (13)
Reassurance	13 (9)
Referral to hospital	2 (1)

Conclusion

This study stresses the importance of obtaining information about the parents' beliefs and considerations before an out-of-hours consultation. Only if the GP knows the reasons why the parents bring their child, and their own ideas and fears about their child's condition, can the examination and explanation address these aspects and ensure the quality of the consultation.

It is prevaillingly with our clinical and communicative skills, rather than with the prescription form, that our patients' expectations are met.

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Acknowledgements

We thank the parents who participated in this study, as well as the out-of-hours service of the County of Aarhus. The study was supported by 'PLU-Fonden' (General Practitioners' Education Foundation), 'Fonden vedrørende finansiering af forskning i almen praksis og sundhedsvæsenet i øvrigt' (Danish Research Foundation for General Practice), and the County of Aarhus.